Complete and se of this form, together with appropriate fee(s), to: Mail Mail Stop ISSUE FEE							
Complete and se for	his form, together wit	h appticable fo		Mail Stop ISSUE Commissioner fo	FEE		
f		1		P.O. Box 1450			
, (DE	C 27 2004	DEC 27	2004 (50) or <u>Fax</u>	Alexandria, Virg (703) 746-4000	inia 22313-1450	4,	
INSTRUCTIONS: The form should be dised for transmitting the ISSUE FBE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed when a propriate. All further the correspondence address indicated unless corrected at the corrected at the corrected at the correspondence address indicated unless corrected at the corrected at the corrected at the corrected at the correspondence address indicated unless corrected at the corrected at t							
a propriate. All furthe indicated unless corrected maintenance fee notification	respondence reluding the leading the leadi	atem dyance or in Bloo	dere and notificate Precifying a new	ion of maintenance fees w v correspondence address;	vill be mailed to the current and/or (b) indicating a sep-	correspondence address arate "FEE ADDRESS"	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailing can only be used for any other a							
28554 7590 09/24/2004				papers. Each additional paper, such as an assignment or formal drawing, m have its own certificate of mailing or transmission.			
VIERRA MAGEN MARCUS HARMON & DENIRO LLP Certificate of Mailing or Transmission							
685 MARKET STREET, SUITE 540 SAN FRANCISCO, CA 94105				States Postal Service y	I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below.		
12/28/2004 JBALINAZ 00000078 09928244				transmitted to the USP	transmitted to the USPTO (703) 746-4000, on the date indicated below.		
0.4 = 0.0				Larry E. Vierra, Reg. No. 33,809 (Depositor's na			
01 FC:2501 700.00 CP 02 FC:1504 300.00 CP				(Signat			
				(D			
APPLICATION NO.	FILING DATE		FIRST NAMED INV	/ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/928,244	08/10/2001		Christopher A. Ta	acklind	TOOLZ-01100US0	5677	
TITLE OF INVENTION: LASER ALIGNMENT DEVICE PROVIDING MULTIPLE REFERENCES							
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$665		\$300	\$965	12/27/2004	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
BENNETT, GEORGE B		2859		033-290000	•		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).							
CFR 1.363). Change of correspondence address (or Change of Correspondence or agents OR, alternation or agents OR, alterna				of up to 3 registered pater	up to 3 registered patent attorneys		
Address form PTO/SB/122) attached.			or agents OR, alternatively, (2) the name of a single firm (having as a member a				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Toolz, Ltd. Kowloon, Hong Kong							
Please check the appropriate assigned estatem or estatemic (will not be added to the control of							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
Issue Fee A check in the amount of the fee(s) is enclosed.							
Description Properties (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number							
5. Change in Entity Status	(from status indicated above		Deposit Account	Number _501826	(enclose an extra c	opy of this form).	
a. Applicant claims St	MALL ENTITY status. See	37 CFR 1.27.			LL ENTITY status. See 37 C		
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other part interest as shown by the records of the United States Patent and Trademark Office.							
Authorized Signature Many White Date 12/21/2004							
Typed or printed name Larry E. Vierra				Registration	No. 33,809		
This collection of informatio	on is required by 37 CFR 1.3	11. The information	n is required to ob	tain or retain a benefit by t	he public which is to file (an	d by the USPTO to proc	
This collection of informatio an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria Virgini 2231.	plication form to the USPT	D. Time will vary	depending upon the	the individual case. Any co	minutes to complete, including mments on the amount of ti	ng gathering, preparing, me you require to comp	
Box 1450, Alexandria, Virgi	nia 22313-1450. DO NOT :	SEND FEES OR C	OMPLETED FOR	RMS TO THIS ADDRESS	S. SEND TO: Commissioner	for Patents, P.O. Box 14	

This an a subs this Box Alex

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.